



TOWN OF FREDERICK

401 LOCUST STREET • P. O. BOX 435 • FREDERICK, CO 80530
PHONE: (303) 833-2388 • FAX: (303) 833-3817

December 6, 2006

Dear Contractor:

The year 2007 is just around the corner and it is time to renew your contractor license with the Town of Frederick.

Enclosed you will find a new application with the amount needed to purchase a new license at the bottom. We will need this application filled out completely, including phone number, and returned to the Town of Frederick by January 31, 2007.

This year, for the first time, we will be requiring a "Certificate of Good Standing" which can be retrieved on the Colorado State website at www.sos.state.co.us. Once you reach this website you will click on 'Obtain Certificate of Good Standing'; you then enter the name of your company and click on the search icon; click on 'ID#'; then click on 'Show Entity', then click on 'Obtain Certificate of Good Standing' and print.

If you are a Sole Proprietor or Partnership, please fill out the "Lawful Presence Affidavit" located on the back of the application and submit a copy of your proof of citizenship.

Also, please include a copy of your liability and workman's comprehensive insurance with coverage as stated on the application. If you are an electrician or a plumber, we will also need a copy of your master license.

If you have any additional questions, please feel free to call me at 303-833-2388, Extension 26.

Sincerely,

Kathy Larson
Building/Zoning



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CONTRACTOR'S LICENSE APPLICATION

1. Type of Ownership: Please supply the Town with a copy of your Certificate of Good Standing or if you are a Sole Proprietor or Partnership; please complete and return the attached Lawful Presence Affidavit.
2. State Sales Tax I.D.(if applicable): _____
3. Owner Name: _____
4. Address: _____
5. Trade Name (DBA): _____
6. Location of Business: _____
Street Address City State Zip
7. Mailing Address: _____
Street Address City State Zip
8. Phone No. _____ Fax No. _____ E-mail Address _____
9. What is your main business? _____
10. Business: Class A (General) _____ Class B(1) (Electrical/Plumbing) _____ Class B(2) (HVAC) _____
Class C (irrigation/roof/siding/drywall/paver/painter) _____ Class D(1) Mason/fence/excavate) _____
Class D(2) (Signs/glaziers) _____ Class D(3) (Handy Man – labor under \$500) _____
11. Number of Employees: _____ Full Time _____ Part Time

Please attach a copy of your certificate of insurance – Coverage: Public Liability \$100,000 occurrence, \$300,000 aggregate; Auto Liability \$100,000 each person, \$300,000 each accident; Workers Compensation – in accordance with state laws.

Insurance Company: _____

Name of Agent: _____ Phone: _____

I declare under penalty of perjury in the second degree that the statements made in this questionnaire are true and complete to the best of my knowledge.

Authorized Signature: _____ Date: _____

For Office Use Only:

License Classification: _____ Fee: _____ Method of Payment: _____ Unlawful Presence Affidavit _____
Public Liability _____; Auto Liability _____; Workers Compensation _____ Yes _____ No

LAWFUL PRESENCE AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

☐ I am a United States citizen, or

☐ I am a Permanent Resident of the United States, or

☐ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date